

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PLACE OF DEATH			MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS	
County	<i>Lafayette</i>		Registration District No.	<i>461</i>
Township	<i>2</i>		File No.	<i>2343922529</i>
or Village			Primary Registration District No.	<i>3024</i>
or City	<i>Lafayette Mo.</i>		Registered No.	<i>57</i>
FULL NAME <i>Mrs Catherine Pellegrini</i>			[If death occurred in a hospital or institution, give its NAME instead of street and number]	
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <i>Female</i>	COLOR OR RACE <i>White</i>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <i>widowed</i>	DATE OF DEATH <i>June 21</i> , 191 <i>2</i>	
DATE OF BIRTH <i>Dec. 10th</i> 1839			(Month) (Day) (Year)	
AGE <i>73</i>			I HEREBY CERTIFY, that I attended deceased from <i>June 21</i> , 191 <i>2</i> , to <i>June 21</i> , 191 <i>2</i> , that I last saw her alive on <i>June 21</i> , 191 <i>2</i> , and that death occurred, on the date stated above, at <i>11 a.m.</i>	
OCCUPATION (a) Trade, profession, or particular kind of work <i>Retired</i> (b) General nature of industry, business, or establishment in which employed (or employer) <i>Housework</i>			The CAUSE OF DEATH* was as follows: <i>Myocardial Degeneration</i> <i>92A</i> <i>57B</i> <i>Two weeks</i>	
BIRTHPLACE (City or town, State or foreign country) <i>Corsica 9-0</i>			(Duration) yrs. mos. ds.	
PARENTS	NAME OF FATHER <i>Anthony Erosini</i>		Contributory (SECONDARY) <i>Rheumatism</i>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <i>Corsica</i>		(Duration) yrs. mos. ds.	
	MAIDEN NAME OF MOTHER <i>Catherine Erosini</i>		(Signed) <i>J. Chalkley</i> M. D.	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <i>Corsica</i>		<i>June 22</i> , 191 <i>2</i> (Address) <i>Lafayette Mo.</i>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <i>Paul George B. Curry</i>			*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
(ADDRESS) <i>1072 1st St. Lafayette</i>			LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs. mos. ds. In the State yrs. mos. ds.	
Filed <i>July 1</i> , 191 <i>2</i>			Where was disease contracted if not at place of death? Former or usual residence	
REGISTERED			PLACE OF BURIAL OR REMOVAL <i>Montgomery Ala</i>	
			DATE OF BURIAL 191 <i>2</i>	
			ADDRESS <i>Lafayette</i>	

1912 June 21
Mother

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sar-*

coma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)



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MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH
County Lafayette

REGISTRARS SHALL NOT RE-
CEIVE A FEE FOR CERTIFICATES
UNTIL THEY ARE COMPLETED AS
PRESCRIBED BY LAW.

Township _____
or
Village _____
or
City Lexington (NO. _____ St. _____ Ward _____)

Registration District No. 461
Primary Registration District No. 3024

File No. 23439
Registered No. 57

(If death occurred in a
hospital or institution,
give its NAME instead
of street and number)

FULL NAME

Catherine Pellegrini

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>female</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED <u>widowed</u> WIDOWED OR DIVORCED (Write the word)
DATE OF BIRTH <u>Dec. 10</u> , 18 <u>99</u> (Month) (Day) (Year)		
AGE <u>73</u> yrs. ____ mos. ____ ds.		IF LESS than 1 day, ____ hrs. ____ min. or ____ min.
OCCUPATION (a) Trade, profession, or particular kind of work <u>retired</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>house work</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Corsica</u>		
PARENTS	NAME OF FATHER <u>Anthony Scorranni</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Corsica</u>	
	MAIDEN NAME OF MOTHER <u>Catherine</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Corsica</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 21, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from
June 21, 1912 to June 21, 1912
that I last saw her alive on June 21, 1912
that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

mitral Regurgitation

few months yrs. ____ mos. ____ ds.
Contributory rheumatism
(SECONDARY) (Duration) yrs. ____ mos. ____ ds.

(Signed) A. J. Chathley M. D.
June 22, 1912 (Address) Lexington Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state
(1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR
RECENT RESIDENTS)

At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted
if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL Montgomery Ala. DATE OF BURIAL June 24, 1912

UNDERTAKER Everett Fegert ADDRESS Lexington

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Miss J. C. Mc Grew, Jr.
(ADDRESS) 107 N. 18th Lexington

Filed Sept 5, 1912 A. J. Chathley REGISTRAR

Original file, date JUL, 1912; All information called for must be written on this Supplementary Certificate.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association]

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Whooping cough; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)